

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40541

FILED
Apr 25, 2005
Secretary of State

Entity Name: SARASOTA COUNTY VOCATIONAL-TECHNICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

C/O 4748 BENEVA ROAD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

C/O 4748 BENEVA ROAD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0251553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSEN, BRUCE E
4748 BENEVA ROAD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSEN, BRUCE E
Address: % 4748 BENEVA ROAD
City-St-Zip: SARASOTA, FL 34233

Title: VPD () Delete
Name: STRAW, PETER D
Address: 4748 BENEVA RD.
City-St-Zip: SARASOTA, FL 34233

Title: TD () Delete
Name: DEVEAU, KENNETH
Address: 4748 BENEVA RD.
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: WHITE, TIM
Address: 4748 BENEVA RD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MALTAGHATI, LOUIS
Address: 4748 BENEVA RD
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE E. ANDERSEN

DIRE

04/25/2005

Electronic Signature of Signing Officer or Director

Date